



City of Wilmington Delaware

FOR PERSONNEL USE ONLY

MQ's _____ ☐ Yes ☐ No

Comments: _____

Rater: _____

Date: _____

EMPLOYMENT APPLICATION

Please Type or Print Clearly

POSITION DESIRED: _____

ANNOUNCEMENT #: _____

NAME: _____ (Last) _____ (First) _____ (MI) SOCIAL SECURITY NO. _____

ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

TELEPHONE: Home: _____ Work: _____ Cell: _____ Email: _____
May we call you at work? ☐ Yes ☐ No

IN CASE OF EMERGENCY NOTIFY: _____ (Name) _____ (Phone)

Have you ever been convicted of a Felony? ☐ Yes ☐ No If yes, Identify Type of Offense, Date and Location: _____

Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Have you applied for this position within the last six months? ☐ Yes ☐ No Check the Type(s) of Employment: ☐ Regular ☐ Part-Time ☐ Seasonal
☐ Education Intern ☐ Temporary

Have you ever been employed by the City? ☐ Yes ☐ No If yes, when: _____

If under age 18, can you furnish a work permit? ☐ Yes ☐ No If no, explain: _____

If a license or certificate is a requirement of this position, give the following information:

Title: _____
Date Issued: _____
Driver's License Number: _____

State: _____ Class: _____
Date Expired: _____
CDL Class: _____

Languages other than English spoken: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE (GED)? ☐ Yes ☐ No (College) (Grad)

	NAME AND LOCATION	DATES ATTENDED Month & Year From To		GRADE POINT AVERAGE	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
High School							
College or University							
Grad School (Transcripts may be required)							
Other							

An Equal Opportunity Employer

EMPLOYMENT EXPERIENCE

THE INFORMATION YOU PROVIDE, ALONG WITH EDUCATION, WILL BE USED TO ASSIST IN DETERMINING IF YOU MEET THE MINIMUM QUALIFICATIONS AND PLACEMENT ON THE REGISTER FOR THE POSITION YOU ARE SEEKING. GIVE A COMPLETE RECORD: PART-TIME WORK, MILITARY SERVICE AND VOLUNTEER EXPERIENCE MAY BE INCLUDED. FOR PART-TIME OR VOLUNTEER WORK, INDICATE NUMBER OF HOURS WORKED WEEKLY. INDICATE DATES (MONTH AND YEAR BEGINNING AND ENDING) OF EACH POSITION HELD AND A DESCRIPTION OF DUTIES PERFORMED FOR EACH. EMPLOYMENT RECORD SHOULD BE RELATIVE TO DESIRED POSITION.

NAME ON EMPLOYMENT RECORDS/EDUCATIONAL RECORDS IF DIFFERENT FROM PRESENT.

NAME: _____

EMPLOYMENT EXPERIENCE -- START WITH YOUR PRESENT OR LAST JOB

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____
_____ FULL-TIME JOB TITLE AND DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____
_____ FULL-TIME JOB TITLE AND DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____
_____ FULL-TIME JOB TITLE AND DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____
_____ FULL-TIME JOB TITLE AND DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Week _____

NAME OF EMPLOYER _____ ADDRESS _____
EMPLOYED (Month & Year) FROM _____ TO _____ ANNUAL PAY RATE: START _____ FINISH _____
REASON FOR LEAVING: _____ SUPERVISOR: _____
PHONE NO: _____
_____ FULL-TIME JOB TITLE AND DUTIES: _____
_____ PART-TIME _____
_____ Hrs. Per Week _____

QUALIFICATIONS SUMMARY

In the space provided below, summarize your education, training and experience relative to the qualifications and selective requirements as described on the job announcement.

USE ADDITIONAL PAGES IF NECESSARY

MILITARY

Present Classification: _____

Reserve Status: Active ☐ Inactive ☐ Other ☐

U.S. Military Service USA - USN - USAF - USMC - etc.	Branch Specialty	ACTIVE DUTY DATES		Rate/Rank
		From	To	

Reason for Leaving: _____

PROFESSIONAL REFERENCES

NAME	BUSINESS RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.		()	
2.		()	
3.		()	

INFORMATION FOR APPLICANTS

HOW TO APPLY -- Applications for employment should be submitted on official application forms to the Personnel Department, City/County Building, 800 French Street, Fourth Floor, Wilmington, Delaware 19801. Submit one application for each position announced for which you feel you are qualified. It is your responsibility to keep your application up to date.

An application may be rejected if not complete or if not filed prior to the closing date specified on the announcement. An applicant whose application is rejected shall be notified of such rejection.

ELIGIBLE LISTS - Applicants who meet certain requirements and who are successful in the phases of the examination process may be placed on an eligible list for six months. Applicants should not assume that receiving a notice of eligibility assures employment.

PRE-EMPLOYMENT MEDICAL EXAMINATION - If an applicant is selected for employment, that applicant must pass a medical examination given by a physician designated by the Personnel Department.

PROBATIONARY PERIOD - Employees must successfully complete a probationary period before acquiring regular status.

RESIDENCY - All employees hired after July 21, 2005, must reside within the City limits for five (5) years of employment. Nonresidents at the time of hire must relocate within six months of employment.

ADA – Accommodations are available for applicants with disabilities in all phases of the application and employment process.

FOR FURTHER INFORMATION - Call or visit the Department of Personnel in the City/County Building, Fourth Floor, 800 French Street, Wilmington, Delaware 19801 (302) 576-2460.

CONDITIONS OF EMPLOYMENT (Please read carefully before signing)

I understand that all City employees are required to be residents of the City for a specified time, and that if hired, it will be my responsibility to keep the Personnel Department advised of any changes of my address and telephone number.

I also understand that in processing this application, the City of Wilmington may request information as to my character, general reputation, police records and driving records, and that this information may be sought from my past employers, and other sources. I hereby authorize the City of Wilmington to contact my past employers regarding my job performance and work habits (quality and quantity of work, initiative, cooperation and attendance) and give my permission to all former employers to respond to such inquiries. I will not hold the City or any former employer liable in the event their reply is to my discredit. I recognize that I have the right to make a written request within a reasonable period of time, not to exceed five (5) days after notification of the hiring decision, for a complete and accurate disclosure of the nature and scope of the investigation requested.

I acknowledge and understand that medical certification is required for employment, per Section 40-54 of the Wilmington City Code. I understand that I will be required to sign a consent form for the drug screening urinalysis as part of the examination. I also understand that failure to pass either the medical certification or the drug screening urinalysis will result in my not being hired, or subsequently terminated.

I understand that if I am hired by the City of Wilmington, the City shall require verification of my identity and eligibility for employment in the United States.

I certify that if I am a male, born after January 1, 1960, and if required to register, I have registered for Selective Service. I understand that I may be required to document registration.

Finally, I hereby certify that all the statements contained in this application are true to the best of my knowledge and understanding and that omissions and misstatements may be cause for rejection of this application, removal of my name from eligible list, or discharge from City employment.

APPLICANT'S SIGNATURE: _____ DATE: _____

YOU ARE RESPONSIBLE FOR SUBMITTING YOUR APPLICATION BY THE CLOSING DATE!

CITY OF WILMINGTON

DEPARTMENT OF PERSONNEL

800 North French Street, Louis L. Redding City/County Building, Wilmington, DE 19801



AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

CONDITIONS OF EMPLOYMENT

(please read carefully before signing)

I understand that all City employees are required to be residents of the City and that if hired, I am required to obtain City residency within six (6) months of my date of hire. It will be my responsibility to keep the Personnel Department advised of any changes of my address and telephone number.

In consideration for employment and internships, all candidates must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation, which may include verifications of education and/or employment history; a review of local, county, state, and federal government agencies and public court records; and personal references.

This Authorization and Consent for Release of Information gives your permission to the City of Wilmington and its designated agent to conduct the reference and background investigation. The City will utilize the result of this process to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by this company will not be provided to any parties other than this individual or company.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussion relating to my consideration for employment or an internship is true and complete to the best of my knowledge. I hereby authorize the City of Wilmington or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resume or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicles records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of this organization involved in the hiring process.

Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I understand that I have the right to request in writing, within five (5) working days of the hiring decision notification, a complete and accurate disclosure of the nature and scope of any investigative report requested on me. If denied employment wholly or partly because of information contained in a consumer report from a consumer reporting agency, I have the right to be advised and supplied with the name and address of the consumer reporting agency making the report.

I have read and understand this Authorization and Consent for Release of Information Form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to this organization or its designated agent and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless the City of Wilmington, its associates/employees, its designated agent, its directors, officers, or employees from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the City of Wilmington, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

I understand that if I am permitted to begin my employment or assignment before the results of a medical examination, reference check, consumer report, or investigative report are complete; my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

Authorized by Candidate:

Print Name (Last, First, Middle) Maiden/Alias Name (if applicable)

Current Address (City, County, State, Zip)

(Please provide previous resident information for the last five years)

Previous Address (City, County, State, Zip)

Previous Address (City, County, State, Zip)

Previous Address (City, County, State, Zip)

Previous Address (City, County, State, Zip)

_____/_____/_____/_____/_____/_____/_____/_____
Date of Birth Social Security Number (____)_____/_____/_____/_____/_____/_____/_____/_____
Home Phone (include area code) Work Phone (include area code)

_____/_____/_____/_____/_____/_____/_____/_____
Driver License # State / Expiration Date Signature Date

My present employer may be contacted: ☐ Yes ☐ No

CITY OF WILMINGTON AFFIRMATIVE ACTION PROGRAM

It is the policy of the City of Wilmington to assure equal and fair treatment in all aspects of employment for minorities, women, Vietnam-era veterans and disabled veterans, people with physical or mental disabilities, and persons above the age of forty. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of the City of Wilmington's Affirmative Action Program. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

POSITION APPLIED FOR: _____ ANNOUNCEMENT # _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? (Check one)

- ☐ TV/Channel ☐ Newspaper ☐ Walk-In ☐ Friend
- ☐ Agency _____ ☐ Other _____
- ☐ Employee (Name) _____

DATE OF BIRTH: _____

Please check the appropriate area:

- ☐ VIETNAM-ERA VETERAN ☐ DISABLED VETERAN ☐ DISABLED

SEX: ☐ MALE ☐ FEMALE

RACE/ETHNICITY: ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ AMERICAN INDIAN

☐ ALASKAN ☐ NATIVE ☐ ASIAN ☐ PACIFIC ISLANDER

Accommodations are available for applicants with disabilities in all phases of the application process. Please call (302) 576-2460 to request assistance prior to the closing date of the job announcement. TDD users should call the DELAWARE RELAY SERVICE number at 1-800-232-5460 for assistance.

PLEASE NOTE: A person with a disability is one who has a verifiable physical or mental impairment, which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such an impairment. Major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.